American Therapy Pets, Inc.

Application for Full Membership

Thank you for considering membership with American Therapy Pets, Inc., (ATP). We are proud of our organization and strive to ensure a quality of service unmatched by other organizations.

- Owners and handlers must be 18 years of age and older before applying for membership with American Therapy Pets, Inc., (ATP).
- Pets must be one year of age and older to participate in ATP.
- Canines must pass the AKC Canine Good Citizen (CGC) and the ATP Therapy Pet tests.
- Newly acquired pets require a minimum of six (6) months ownership and handling to allow for bonding and relationship building before applying for membership.
- Current handler/pets that are in good standing with a different therapy pet organization and some Service Animals may be accepted with a modified evaluation at the discretion of the ATP Board of Directors. ATP reserves the right to reject or deny any membership application without cause.

Use the check off boxes below to ensure you have completed each item.

[ ] Application completed and payment of fees attached

[ ] Health record completed

[ ] Veterinarian and health documents attached

[ ] Copy of rabies certificate and other vaccination/test records attached

Application and Membership Fees:

Applicants for Full Membership are required to complete a background check. Separate instructions for completing the background check will be provided by ATP. The cost is separate from the ATP fees and is paid by the applicant when completing the check. The current cost is approximately $15.

The ATP Application Fee is $15 and is non-refundable. It does not include your Membership Fee.

Membership Fees begin on August 1st of each year and end on July 31st of the same year. Membership fees are prorated at $3 a month from the date you sign your application to July 31st.

Select the month in which you signed your application. The corresponding amount will be your Membership Fee. This amount is in addition to the $15 Application Fee.

August	$40	November	$31	February	$22	May	$13
September	$37	December	$28	March	$19	June	$10
October	$34	January	$25	April	$16	July	$7

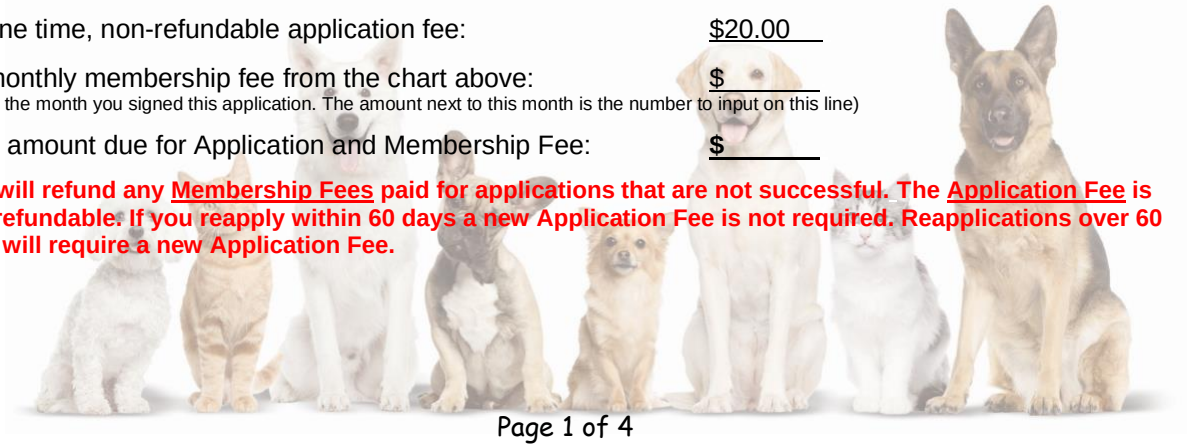
Fee calculator:

My one time, non-refundable application fee: $20.00

My monthly membership fee from the chart above: $ _____
(Select the month you signed this application. The amount next to this month is the number to input on this line)

Total amount due for Application and Membership Fee: **$** _____

ATP will refund any Membership Fees paid for applications that are not successful. The Application Fee is non-refundable. If you reapply within 60 days a new Application Fee is not required. Reapplications over 60 days will require a new Application Fee.



American Therapy Pets, Inc.

Step I Application

Please print in ink –

Handler/Owner Information: (If the owner and handler are different people, please complete a separate application, pages 1-7, for each person)

[ ] Owner [ ] Handler Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

e-mail _____

Pet Information:

Name: _____

Type of pet (dog, cat, rabbit, etc.) List: _____

Breed: _____ [ ] Male [ ] Female

In case of Emergency Contacts:

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Phone: _____ Phone: _____

TWO PAYMENT OPTIONS – check the one you prefer.

Option 1

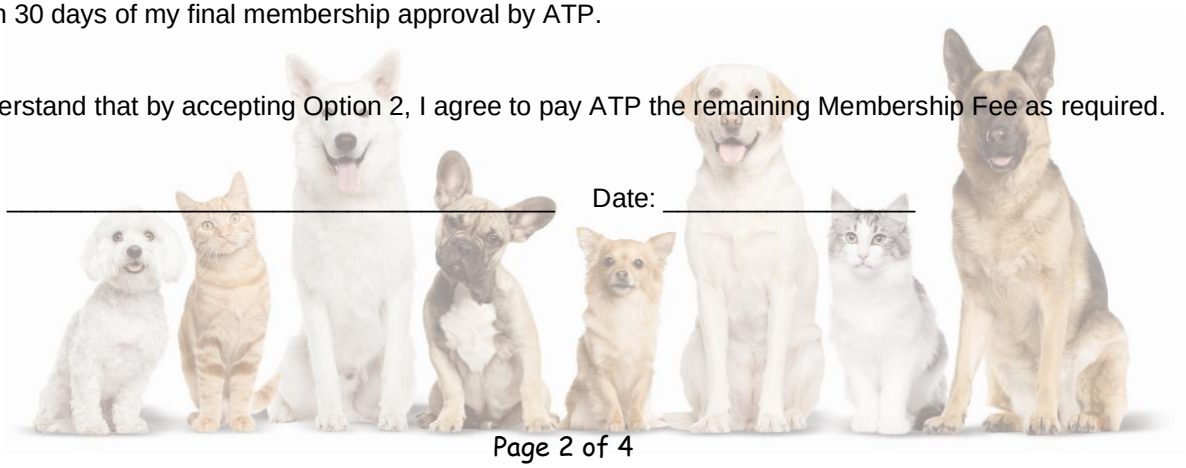
[ ] My attached payment includes the $20 Application Fee **plus** my Membership Fee of $_____ for a total of $_____.

Option 2

[ ] My attached payment includes the $20 Application Fee. I will pay my Membership Fee of $_____, within 30 days of my final membership approval by ATP.

I understand that by accepting Option 2, I agree to pay ATP the remaining Membership Fee as required.

Sign: _____ Date: _____



American Therapy Pets, Inc.

Veterinarian Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ After Hours: _____

e-mail _____

References:

Please list two references American Therapy Pets may contact.

Name: _____ Name: _____

Address: _____ Address: _____

_____ _____

Phone: _____ Phone: _____

e-mail _____ e-mail _____

Additional Pet Information:

Do you belong to any other therapy pet organizations? [ ] Yes [ ] No. If yes, please explain:_____

_____

Is your pet a Service Animal or has it received any type of police, personal protection, or "Schutzhund" training?
[ ] Yes [ ] No. If yes, please explain: _____

_____

My pet [ ] has [ ] has not been involved in any fights with other animals. If yes, please explain: _____

_____

I understand and agree to notify ATP of any biting and/or fighting involving my pet within 48 hours of occurrence.

Applicant Signature: _____ **Date:** _____

You may submit your completed forms to American Therapy Pets by mail

Mail:
Wendy Hart
American Therapy Pets, Inc.
420 Hay Bale Dr.
Sparks, Nevada 89441

American Therapy Pets, Inc.

Canine Health Records Form

American Therapy Pets, Inc. requires accurate health records and up to date vaccinations for each registered pet. This form must be submitted at the time of membership application and annually upon the anniversary of the current exam record. Certificates of vaccination may be attached to this form as part of the pet's record(s).

Owner: _____ Pet: _____

Breed of pet: _____ Sex: _____ Date of birth: _____

Spayed or Neutered: [ ] No [ ] Yes

Vaccination Record If by veterinarian (Print Information)
Include a copy of the vaccination certificate or other documentation.

Distemper	[ ] Initial Series [ ] Booster	Date received: _____	By: _____
Hepatitis	[ ] Initial Series [ ] Booster	Date received: _____	By: _____
Parvovirus	[ ] Initial Series [ ] Booster	Date received: _____	By: _____

Vaccination Record If by someone other than a veterinarian (Print Information)
Include a copy of the vaccination receipts and labels.

Distemper	[ ] Initial Series [ ] Booster	Date received: _____	By: _____
Hepatitis	[ ] Initial Series [ ] Booster	Date received: _____	By: _____
Parvovirus	[ ] Initial Series [ ] Booster	Date received: _____	By: _____

Contact information for person, if other than a veterinarian, administering the above vaccinations.

Name: _____ Signature: _____

Address: _____ Date: _____

Phone: _____ e-mail: _____

Fecal Exam administered by a veterinarian (Print Information)
Include a copy of the veterinarian test results.

Date test administered: _____ Results: [ ] Positive [ ] Negative* By: _____
**A negative exam result must be provided within one year.*

Rabies Vaccination administered by a veterinarian (Print Information)
Include a copy of the veterinarian rabies certificate.

Date vaccination administered: _____ Expires: _____ By: _____

I certify that the information provided and attached supportive documents represent a true and accurate health record for the pet identified on this form.

Owner Signature: _____ Date: _____